



Norfolk Hotline for the Homeless Volunteer Application

Date_____

Name_____

Street Address_____

City, Zip_____

Main number_____ Mobile number_____

E-mail address_____

Do you have any experience working with the homeless population or people in poverty?_____

Do you have any experience working for a hotline?_____

I am interested in volunteering:

____ Once a week ____ More than once a week
____ Once a month ____ More than once a month
____ Once a quarter ____ More than once a quarter
____ Once a year ____ I am not sure
____ Mornings ____ Weeknights ____ Weekends

Is there anything you would like to tell us about yourself?_____

Application may be faxed to Diana Krell, Volunteer Coordinator, ForKids at 622-3837 or via mail to 4000 Colley Ave. Suite 300, Norfolk VA 23508 or via e-mail to dkrell@homesforkids.org

Office use only_____

____ Criminal Background check completed	Initials:_____	Date:_____
____ Interview completed	Initials: _____	Date:_____
____ Orientation Completed	Initials: _____	Date:_____
____ Approval Date	Initials: _____	Date:_____